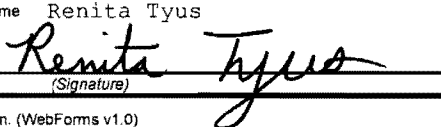


EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment		Work Assignment Number 2-40								
		<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001								
Contract Number EP-C-08-010	Contract Period 12/16/2008 To 11/30/2011 Base Option Period Number 2	Title of Work Assignment/SF Site Name Facilitation/ORD Climate Survey								
Contractor SCIENTIFIC CONSULTING GROUP, INC, THE		Specify Section and paragraph of Contract SOW 2.4								
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval		Period of Performance From 02/17/2011 To 03/31/2011								
Comments: No cost extension requested to allow SCG sufficient time to collect responses form the OSA staff, before submitting the final notes.										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations date use EPA Form 1900-69A. SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period: 12/16/2008 To 11/30/2011		Cost/Fee:		LOE: 0						
This Action:										
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:		Cost/Fee:		LOE:						
Cumulative Approved:		Cost/Fee:		LOE:						
Work Assignment Manager Name Michael Bender							Branch/Mail Code:			
_____ (Signature)							_____ (Date)			
							Phone Number 202-564-6829			
							FAX Number:			
Project Officer Name Verla Sutton-Busby							Branch/Mail Code:			
_____ (Signature)							_____ (Date)			
							Phone Number: 202-564-6808			
							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
_____ (Signature)							_____ (Date)			
							Phone Number:			
							FAX Number:			
Contracting Official Name Renita Tyus							Branch/Mail Code: CPAD			
 (Signature)							2/23/11 (Date)			
							Phone Number: 513-487-2094			
							FAX Number: 513-487-2109			